

ORDER OF SUSPENSION
(by Chief of Police)

June 25, 2018

TO: Officer Thomas Wysocki


You are hereby notified, pursuant to Section 5/10-2.1-17 of Chapter 65 of the Illinois Compiled Statutes, that you are suspended as a Police Officer of the Police Department of the Village of Norridge, for a period of two (2) days June 29, 2018 and July 1, 2018 for the following reason:

That on to-wit, June, 11, 2018 on or about 5:07 PM, Officer Thomas Wysocki, being a member of the Norridge Police Department, assigned to unit 505 , was involved in a crash with a parked vehicle while traveling northbound on the 4800 block of Ozark during routine patrol. Officer Wysocki was determined to have failed to exercise reasonable and due care by the accident review board. Officer Wysocki was involved in a previous preventable accident on May 31, 2018..

In violation of the Rules and Regulations and Policies and Procedures of the Police Department of the Village of Norridge, State of Illinois, as passed and approved by the Village of Norridge President and Board of Trustees and effective on the 1st day of March, 2014, that at said time and place Officer Thomas Wysocki was guilty of violating Rule 2.33.2 Proper Use of Motor Vehicles and General Order 14-04 Section III 2c ii. Which states for a second finding of a classification II crash by the accident review board within a rolling 24 month period a two day suspension will be imposed on the officer.



Dave Disselhorst
Chief of Police
Norridge Police Department
Norridge, Illinois

Received a copy of the above Order of Suspension this

26 day of June, 2018

Signed: Officer 

Cc: Board of Police and Fire Commissioners
Ursula Kucharski, Chairperson Police Committee

Norridge Police Department
Accident Review Board

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		

Review Date: 6/24/18
Officer: Officer Wysocki #14

M/V Crash Incident Number: 18-005554
Squad: #505

1. Classification I
 - a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
 - b. The employee was legally parked or standing.
 - c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
 - d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.
2. Classification II
 - a. The employee failed to exercise reasonable and due care.
 - b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
 - c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2c (ii).

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

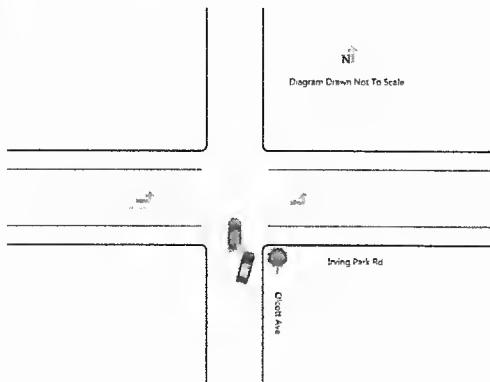
DRAC		PEDV	TRFD	TRFC	WEAT	DRV A	VIS	VEHD	LGH T	COLL	MAN V	PPA	PPL
1 U1	1 U2		2 U2	4 U1	1 U1	14 U2	1 U1	1 U2	1 U1	1 U2	12 U1	9 U2	11 U2

IY002

* X001176965 *

X001176965

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.



COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash? Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y NMCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1
TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: CITY OF OR NEAREST CITY

MILES N E S W OR CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (Refer to vehicle by Unit No.)

In Summary, Unit 1 was S/B in the 4000 block of Olcott turning W/B Irving Park Road preparing to go to an emergency call. Unit 2 was stopped at a stop sign waiting for traffic to clear to continue S/B Olcott from the 4000 block. Unit 1, with it's front driver side bumper struck Unit 2 in the rear passenger side bumper causing scratches to both. Driver of Unit 1, per Norridge Department Policy, was required to seek medical attention at the Presence Immediate Care. Unit 2 did not require any medical attention. No tows were required due to minimal damage.

LOCAL USE ONLY

Motorist 1 Report No: N 41.9525

Motorist 2 Report No: W -87.8145

U1 Color: White

U2 Color: Silver, Aluminum

U1 Race: W

U2 Race: W

U1 Towed by / to

U2 Towed by / to

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

ORAC 1 U1	PEDV 1 U2	TRFD 1	TRFC 1	WEAT 1	DRVA 16	U2	VIS 1	U1	VEHD 1	U2	LGHt 1	COLL 9	MANV 1	U1	PPA 21	PPL
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IY002



* X001189023 *

INVESTIGATING AGENCY Norridge Police Department												DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY			<input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash			AGENCY CRASH REPORT NO. 18-005554			TRFW 1				
												ADDRESS NO. 4841			HIGHWAY OR STREET NAME N OZARK AVE			CITY NORRIDGE			TOWNSHIP NORRIDGE			INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			DATE OF CRASH 6/11/2018		TIME 5:07	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
(CIRCLE) FT / MI (CIRCLE) N S E W <input type="checkbox"/> AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)												COUNTY COOK			PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			NUMBER MOTOR VEHICLES INVLD 2			LARS CODE	VEHT 1 U2					
												HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			FRONT 			REAR 			Y N			TOWED DUE TO CRASH <input type="checkbox"/> <input checked="" type="checkbox"/>						
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EOUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV WYSOCKI, THOMAS												DATE OF BIRTH mo / day / yr			MAKE FORD			MODEL CROWN VICTORIA			YEAR 2011			CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN			FRONT 	REAR 	Y N	FIRE <input type="checkbox"/> <input checked="" type="checkbox"/>
												STREET ADDRESS 4020 N OLCOTT AVE			SEX M	SAFT 2	AIR 4	PLATE NO. MP7110	STATE IL	YEAR	POINT OF FIRST CONTACT 3	FRONT 	REAR 	Y N	ALIGN <input type="checkbox"/> <input checked="" type="checkbox"/>	EXCEED SPEED LIMIT <input type="checkbox"/> <input checked="" type="checkbox"/>	COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/>	* IF YES SEE SIDEBAR		
CITY NORRIDGE STATE IL ZIP 60706												INJURY O	EJECT 1	VIN 2FABP7BV3BX104420			INSURANCE CO. Underwriters at Lloyd's of London			TELEPHONE (708) 453-4770			POLICY NO. BGA30005406			RSUR 1				
												TELEPHONE (708) 453-4770	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) VILLAGE OF NORRIDGE			OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N OLCOTT NORRIDGE, IL, 60706			TELEPHONE (708) 453-4770			POLICY NO. BGA30005406			VEHU 6 U1		
TAKEN TO Refused												EMS AGENCY			OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE (773) [REDACTED]			INSURANCE CO. Geico			UNIT 1						
												OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE (773) [REDACTED]			INSURANCE CO. Geico			TELEPHONE (773) [REDACTED]			INSURANCE CO. Geico			UNIT 2			
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT)												PASSENGERS & WITNESSES ONLY			(NAME) / (ADDR) / (TEL)			(HOSP)			(EMS)			NO. OCCS 1 U1						
												OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE (773) [REDACTED]			INSURANCE CO. Geico			TELEPHONE (773) [REDACTED]			INSURANCE CO. Geico			NO. OCCS 1 U2			
(EVNO) (MOST) (EVNT) (LOC)												DAMAGED PROPERTY OWNER NAME [REDACTED]			DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)			POSTED SPEED LIMIT	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	UNIT 1							
												PROPERTY OWNER ADDRESS [REDACTED]			CITY [REDACTED]			STATE [REDACTED]			ZIP [REDACTED]			PRIMARY 04	20	If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type				
ARREST NAME [REDACTED]												SECTION [REDACTED]			CITATION NO. [REDACTED]			SECONDARY 99			TIME NOTIFIED 5:07	AM <input type="checkbox"/> <input checked="" type="checkbox"/>	PM <input type="checkbox"/> <input checked="" type="checkbox"/>	UNIT 2						
												ARREST NAME [REDACTED]			SECTION [REDACTED]			CITATION NO. [REDACTED]			DATE POLICE NOTIFIED 6/11/2018			COURT DATE	COURT TIME AM PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
OFFICER ID. 5204				SIGNATURE Salvatore Auriemma				BEAT / DIST.		SUPERVISOR ID. Vaughn Watts, 5108																				

X001189023

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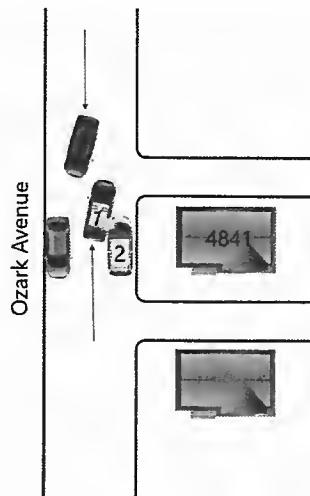


Diagram Drawn Not To Scale

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HAZMAT	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> UNK	Out of Service?	<input type="checkbox"/> Y	<input type="checkbox"/> N
MCS	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> UNK	Out of Service?	<input type="checkbox"/> Y	<input type="checkbox"/> N

Form No. _____

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MILES N E S W OR _____ CIRCLE ONE CITY NAME _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

LOCAL USE ONLY

Motorist 1 Report No:

N 41.9682

Motorist 2 Report No:

W -87.8204

U1 Color: White

U2 Color: White

U1 Race:

U2 Race:

U1 Towed by / to:

U2 Towed by / to: